Determination of Worries and Expectations of Family Practice Patients

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One of the cornerstones of family practice is the development of the physician-patient relationship within the context of the consultation. Each consultation is modified both by the prior expectations of the participants and by illness-related worries held by the patient.

This paper describes the development of an instrument to record the worries and expectations of patients visiting their family physicians and changes occurring as a result of the consultation. The instrument comprises a card sort composed of 26 cards, on each of which is typed a statement relating to a worry or expectation that a patient might hold.

One hundred patients were asked to sort these cards before and after the consultation. The major worries of the group were about discomfort, the effects of illness on the family, the prospect of a physical examination, and about explaining the problem to the physician. Prominent expectations were for an explanation of diagnosis and treatment and a friendly and understanding manner from the physician.

In family practice today major emphasis is placed on the physician-patient relationship and its importance in effective care.[1-5] The relationship grows through a series of consultations, often covering many different problems and a considerable time span. Each consultation is modified by the prior expectations of the participants and anxieties that the patient may have, either about his or her problems or the forthcoming encounter with the physician.

Clinicians have always known that to gain a knowledge of patients' concerns and expectations is of paramount importance in improving both the accuracy of diagnosis and appropriateness of the management plan. Research has shown that demonstrating to a patient that his worries are understood and his expectations acknowledged leads to improved quality of care in terms of patient satisfaction and compliance.[6-10] A major problem limiting research into patients' worries and expectations, however, is the lack of suitable instruments.

This paper deals with the development of such an instrument to elicit patients' worries and expectations before the consultation as well as detect changes occurring later as a result of the interaction.

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Methods

Stimson and Webb[11] have described a useful two-part classification for patients' expectations of the family practice consultation. A parallel approach was developed for examining worries. Thus four topic areas were included:

1. Problem-related worries, which are related to the problems that the patient is bringing to the physician today
2. Interaction-related worries, which are related to the interaction with the physician or the health care system today
3. Interaction expectations, which are held by the patient in regard to his meeting and interaction with the physician today
4. Action expectations, which are held by the patient in regard to what the physician will do or recommend today

As a first step in defining the content of the instrument, these areas were discussed with 50 patients waiting to see their family physicians in three practices associated with the Department of Family Medicine in the University of Western Ontario. Each of the practices is heavily involved in teaching both medical students and residents in family practice, and all are situated in London, a city of 250,000 people, in southwestern Ontario.

Each patient was over 15 years old and was interviewed at length immediately before seeing the physician. They were asked, during a structured interview using open-ended questions, to discuss both their own worries and expectations regarding consulting their family physician and any they imagined other patients might have. These interviews lead to the identification of prominent worries and expectations, which were grouped into four main content areas.

Statements representing the worries and expectations identified in the interviews were composed, and each was typed out on a 4×6-inch white card. There were 26 in all for use immediately before the consultation. Nineteen of the statements were modified for use in the postconsultation card sort, and the other nine remained unchanged. The second sort was administered immediately after the consultation.

Patients were asked to read each statement and to place the card into closed boxes marked "agree, uncertain, disagree." An example of a complete statement representing worry about serious illness is, "I am worried that I have symptoms that are the start of something serious." This statement remained unchanged in the postconsultation card sort. An example of a statement that was modified for the postconsultation sort is, "I am worried that I will find it difficult to explain my problem to the doctor today." The modified form for use after the consultation is, "I found it difficult to explain my problem to the doctor today."

Administration of the Study

The card sort was administered to 104 patients waiting to see their family physicians in five of the teaching practices of the Department of Family Medicine, University of Western Ontario. All patients were over 15 years old and attending for a problem of their own or a routine physical examination. Entire office sessions were studied, and each patient attending and meeting the requirements for entry was recruited by the practice nurse. There were no refusals, and even patients feeling very unwell participated willingly. The practice nurse first showed participating patients into a room and completed her usual nursing duties. The interviewer then administered the card sort while the patient was waiting to see the physician.

Once the procedure had been explained, the interviewer left the room while the patient sorted the cards. This activity usually took about seven minutes. The boxes were then removed from the room and the results recorded. The postconsultation sort was administered in the same way immediately following the consultation. Necessary demographic data and general information about the consultation were conveniently collected at this time.

Reliability

The reliability of the card sort was tested using a test-retest method. The retest was in the form of an interview. The preconsultation and postconsultation forms of the sort were tested independently so as not to burden any one patient. Thus 32 and 28 patients, respectively, were asked to sort the cards as previously described and then asked to react immediately to the same statements verbally.

Table 1. Problem-Related Worries (n = 100)

	Agree	Uncertain	Disagree
Worried problem is start of something serious	15	18	67
Worried about discomfort	16	22	62
Worried about effects on family	24	9	67
Worried about job	16	11	73
Worried about reduced sport or activity	22	12	66
Worried about financial difficulties	14	5	81
Worried about taking care of myself	7	10	83
Worried about surgery for my problem	12	12	76
Worried I need to be hospitalized	7	17	76

Validity

In order to increase confidence in the card sort, the likely differences in the responses of certain subgroups to ten of the statements were predicted before the collection of the data.

The basis for each prediction was found either in previous research or in the clinical experience of a group of family physicians. It was not possible to form a prediction for the other statements, as no secure basis in previous research was found.

Results

One hundred four patients were recruited and 100 patients completed the preconsultation card sort. Of the four who did not, three were aged 75 years or over and became very agitated during the sort and became worried that they would "get it wrong." The method may not be suitable for this age group. Of the group who completed the sort, 34 were men, and 66 were women; 68 were aged between 15 and 44 years, 23 were aged between 45 and 65 years, and 9 were 65 years old or older. These distributions do not differ significantly from the general structure of the practices participating in the study.

Reliability studies on the preconsultation and postconsultation forms of the card sort were judged satisfactory. Twenty-three statements were answered in the same way by at least 91 percent of the patients, and the remaining three were answered identically by at least 81 percent of the participants.

Problem-Related Worries

The problem-related worries of the group are shown in Table 1. Assuming that those who responded "uncertain" are likely to hold the individual worry to some extent, a considerable number of patients had illness-related worries in their minds while waiting to see their physician; indeed, only 32 percent were free from all worries. The worries of certain subgroups were looked at in more detail. Three predictions had been made for the purpose of studying validity. These predictions were as follows:

1. Patients with a chronic problem would be more worried about the effects of their problem on their family (42 percent compared with 25 percent).
2. Patients in the midst of their working lives would be more worried about the effects of their problems on their job than would those who were students, housewives, or retired (29.3 percent compared with 16.7 percent).
3. Patients aged 45 years and over would be more worried about taking care of themselves in the future (28.1 percent compared with 11.8 percent).

In addition, an interesting group to emerge were those patients who were uncertain about the nature of their problem. They were significantly

Table 2. Interaction-Related Worries (n = 100)

	Agree	Uncertain	Disagree
Worried difficult to explain	14	8	78
Worried physician will not understand	9	9	82
Thought of examination makes me nervous	21	5	74
Worried physician will be impersonal	8	10	82
Worried physician will not take problem seriously	7	13	80
Worried physician will say it is all in my head	6	9	85
Worried physician inexperienced for my problem	6	8	86

more worried that their problem was serious, would have adverse effects in their jobs, and would impair their ability to look after themselves in the future.

Interaction-Related Worries

The interaction-related worries of the group are shown in Table 2. While most patients felt comfortable about their forthcoming meeting with the physician, there was considerable worry about communication between physician and patient and tension about the prospect of a physical examination. Women in particular were significantly more worried that the physician would not take their problems seriously (27.3 percent compared with 5.9 percent, $P < .05$), a finding that has been reflected in other research.[12]

It was predicted before the data collection that patients initiating the visit to the physician would have more worries about communication with him, and the results showed this to be true, both in regard to explaining the problem (32.7 percent compared with 11.8 percent, $P < .05$), and in regard to being understood (26.5 percent compared with 9.8 percent).

Equally, patients planning to discuss a nonmedical problem (usually a problem of living) were significantly more worried that the physician would not understand (26.7 percent compared with 2.7 percent, $P < .01$). These patients had decided to use the physician in a particular way but were anxious that it may be inappropriate for them to do so. This concern reflects the current debate among family physicians about the extent to which their involvement in social problems is appropriate.

Interaction Expectations

The expectations of the interaction with the physician are shown in Table 3. There is a high level of expectation in regard to explanation of diagnosis and investigation; the former is lower because the card sort reflects "today," and many patients felt that they already understood the nature of their problems. These expectations are not always met and are a major source of dissatisfaction to patients.[13-20]

Strong feelings are also held in regard to the physician's personal conduct while he is talking to and examining the patient. Fewer patients expected to introduce either nonmedical problems or their own ideas in the consultation. Both of these areas are changing, given alteration in public opinion[21] and medical education,[22-24] but clearly these changes have not yet made a major impact on the group studied.

Action Expectations

Many patients had definite expectations of what the physician would recommend, as shown in Table 4. Many patients were uncertain about the likely actions to be recommended and were waiting

Table 3. Interaction Expectations (n = 100)

	Agree	Uncertain	Disagree
Physician will explain problem in lay terms	69	7	24
Physician will explain any tests	89	3	8
Physician will be friendly and understanding	88	8	4
If I am examined, physician will be respectful and understanding	90	6	4
Plan to discuss nonmedical problems today	26	10	64
Physician will want to know my ideas	47	15	38
Physician will discuss health education issues	29	8	63

Table 4. Action Expectations (n = 100)

	Agree	Uncertain	Disagree
Expect medication	35	30	35
Expect tests or x-ray examination	13	32	55
Expect referral	6	19	75

to see the course of events during the consultation. Uncertainty about the nature of their problem led patients to expect tests or x-ray examinations significantly more frequently than other patients in the group (31.6 percent compared with 8.6 percent, $P < .02$). These are the same patients who had more problem-related worries than most and are here demonstrating their need to have their uncertainty reduced. Interestingly, they did not expect medication more often than the group with a concrete diagnosis in mind.[13]

Discussion

The card sort proved easy to administer in a busy office session. Most patients enjoyed the experience, and even those who were in a hurry to leave after the consultation agreed to carry out the postconsultation card sort. The privacy afforded to patients while sorting was important and allowed them confidence to voice worries about the physician they were about to see.[25,26] Patients of minimal educational attainment sorted the cards without help.

It was felt that cards have an advantage over questionnaires, as all cards are sorted and the patient is not required to give a written answer. Apart from problems resulting from spoiled or illegible answers,[27,28] some patients find it easier to identify with a typed statement than to make a permanent commitment to an answer by writing it down. This is particularly true for areas that may provoke anxiety.

The advantages of cards over interviews became apparent in the interviews conducted to determine the content of the instrument, during which several patients became upset and expressed relief at finally being able to voice fears that they had previously hidden. Clearly the interview would be bound to affect the subsequent consultation. In contrast, other patients were reluctant to imply any criticism of the physician

whom they were waiting to see. Interviews conducted with patients immediately before they see the physician pose real barriers to the successful study of the subsequent consultation, a problem noted by others.[7,22,29]

The reliability of the card sort was judged satisfactory. The test-retest provided further insight into the patients' feelings in that, on the six occasions in which a card was reacted to in a different way, the patient was interviewed on the reasons for this. Surprisingly "mistakes" were never the basis for the difference. In regard to expectations, initial reaction to the card sort occasionally prompted a different response on the retest, demonstrating that the instrument has a small, but definite, effect in creating expectations.

The validity of the card sort was ensured by close attention to its content and by predicting the likely differences in the responses of certain subgroups, where a basis for the prediction could be found from previous research, or in the clinical experience of a group of family physicians. In nine instances out of ten, these predictions were upheld, increasing confidence in the instrument. One subgroup in particular demonstrates the way in which the card sort can give a broad view of different aspects of worries and expectations. Uncertainty about the nature of their problems in patients consulting the family physician is associated with several problem-related worries as well as with a higher expectation of an explanation of the nature of the illness. This group also has a significantly higher expectation of tests and x-ray procedures, although not of medication. The picture that emerges is of a group who has as a major goal for the interaction the removal of the uncertainty that is compounding their problem-related worries. These patients may be difficult for the physician to deal with, particularly inexperienced physicians who themselves may find uncertainty intolerable.

The findings from the study relate to Canadian family practice in a prosperous town in southwestern Ontario. While they may not be generalizable to a wider group, the instrument, with modification to local terminology, has potential use around the world.

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